

4445-310 S.W. 35th Terrace Gainesville, Florida 32608

TEL: 352/338-0440 FAX: 352/338-0662

JUL | 7 1998

510(k) SUMMARY

APPLICANT:

Medical Device Technologies, Inc.

4445-310 SW 35th Terrace Gainesville, FL 32608

CONTACT:

Karl Swartz

Quality Assurance Manager

TELEPHONE:

(352)338-0440

fax (352)338-0662

TRADE NAMES:

Medical Device Technologies,Inc. Tru-Core™

Disposable Semi-Automatic Biopsy Instrument

COMMON NAME:

Disposable handle gun for use with disposable

biopsy needles.

CLASSIFICATION NAME:

Instrument, Biopsy, No. 78KNW

SUBSTANTIAL EQUIVALENCE:

Company Name	Product Name	210(K) 140
Manan Medical Products	Pro Mag 2.2	K914874
Medical Device Technologies	Tru-Core	K962969

DESCRIPTION OF DEVICE:

The Tru-CoreTM Disposable Semi-Automatic Biopsy Instrument is intended for use in obtaining multiple core samples from soft tissue such as the liver, kidney, prostate, breast, and various soft tissue lesions. It is not intended for bone.



JUL 17 1998

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Mr. Karl Swartz Quality Assurance Manager Medical Device Technologies, Inc. 4445-310 SW 35th Terrace Gainesville, Florida 32608

Re:

K982085

Trade Name: Medical Device Technologies, Inc. Tru-Core ™

Disposable Semi-Automatic Biopsy Instrument

Regulatory Class: II Product Code: KNW Dated: June 12, 1998 Received: June 15, 1998

Dear Mr. Swartz:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the <u>Code of Federal Regulations</u>, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4595. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Director

Division of General and Restorative Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure



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Gainesville, Florida 32608

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510(k) Number (if known): K98 2085

Device Name: MD Tech Tru-Core™ Disposable Semi-Automatic Biopsy Instrument

Indications for Use:

The Tru-CoreTM Disposable Semi-Automatic Biopsy Instrument is intended for use in obtaining multiple core samples from soft tissue such as the liver, kidney, prostate, breast, and various soft tissue lesions. It is not intended for bone.

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)

Division of General Researches

510(k) Number

16982085

Prescription Use (Per 21 CFR 801.109)

OR

Over-The-Counter Use____

(Optional Format 1-2-96)